

DO NOT STAPLE

STUDENT SERVICES, INC.
BUSINESS OFFICE
MILLERSVILLE UNIVERSITY
MILLERSVILLE, PA 17551

For Office Use Only:	
Date:	_____
Signed:	_____

Account Name: _____

DESCRIPTION _____ DATE: _____
or **EVENT**:

Authorized Signature: _____

Advisor Signature: _____

Please issue a **CHECK** in the amount of \$ _____ Invoice # _____
OR

A **PURCHASE ORDER** in the amount of \$ _____ Quote # _____

Contact Cell #: _____ Contact Name: _____

Make check payable to: _____ **W-9**

Receipients LEGAL Address: _____

City _____ State: _____ Zip: _____

PLEASE DISTRIBUTE FUNDS AS FOLLOWS:

PICK UP CHECK

MAIL TO LEGAL ADDRESS

CAMPUS MAIL

MAIL TO ALTERNATE ADDRESS AS WRITTEN BELOW:

STREET _____

CITY/STATE/ZIP _____

PLEASE DEDUCT FUNDS FROM:

ALLOCATED ACCOUNT

FUND RAISER ACCOUNT

<input type="checkbox"/>	FOR SSI INTERNAL USE
<input type="checkbox"/>	FOR SLI INTERNAL USE
CODING: _____	
GI# _____	ACCT # _____
FOR OFFICE USE ONLY	

DATE ENTERED: _____ BY: _____

DATE RCVD: _____ BY: _____